

OFFICE OF THE GOVERNOR
MENTAL DISABILITIES BOARD OF VISITORS



CAPITOL STATION



STATE OF MONTANA

(406) 444-3955
OR TOLL FREE 1-(800)-332-2272

HELENA, MONTANA 59620

January, 1993

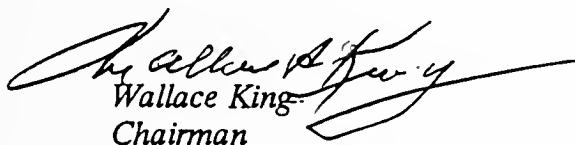
Members of the Fifty-Third Legislature:

In accordance with the provisions of Section 53-20-104 (8) and 53-21-104 (8), MCA, the Mental Disabilities Board of Visitors submits its annual report.

The Mental Disabilities Board of Visitors is charged by law to review patient care at Montana's community mental health centers and the institutions for the mentally ill and the developmentally disabled. In addition to the on-site reviews, the Board, during the last biennium, responded to over 1300 requests of patients and families to review care, treatment and rights related issues. [53-20-104 (6) and 53-21-104 (6) MCA].

This report to the Legislature highlights the Board findings and identifies the current advocacy issues for each facility. Individual reports of each review and agency responses are available in the Governor's Office. The Board trusts these findings will provide an avenue to strengthen the delivery of treatment services to Montana mentally disabled citizens.

Respectfully submitted,


Wallace King
Chairman

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ANNUAL REPORT OF THE MENTAL DISABILITIES BOARD OF VISITORS

Services for the mentally ill and/or developmentally disabled are operating under significant stress. Consumers, family members, advocates, providers, direct care staff, and program directors cite a growing demand for services, waiting lists for outpatient and residential services, and limited funding sources.

In times of austere budgets we are challenged to find new, creative ways to maintain quality services and treatment programs. Many positive steps have been made in a variety of community-based and institutional services that are available, but Montanans with a mental disability still have many unmet needs. This overview highlights the accomplishments of the Mental Disabilities Board of Visitors (BOV) and its role in providing advocacy services. In addition, we have identified areas in which there are ongoing advocacy issues.

Montana State Hospital (MSH)

1. Ihler Class Action Law Suit

Court action has resulted in provision of meaningful treatment; a decrease in use of seclusion and restraint; adopting procedures to meet accepted professional standards regarding use of seclusion and restraint; appropriate referrals to community-based care for persons who do not need to be institutionalized; and a more efficient and humane allocation of state resources.

Settlement funds have been disbursed to class members.

2. The computerized Representative Payee Account system has been established, which tracks funds for more than 100 consumers at the state hospital.
3. Good Time for persons sentenced to Montana State Hospital has been implemented.
4. BOV has worked with the Department of Corrections and Human Services to implement informed consent procedures.
5. BOV staff responded to more than one thousand requests of assistance on rights issues, legal issues, and information/referral services.
6. Provided legal representation for approximately 100 commitments per year at Montana State Hospital.
7. PAIMI (Protection and Advocacy for Mentally Ill Persons), a federal grant which is subcontracted to the Board of Visitors, is now in its sixth year of operation. This grant

has allowed the addition of a second attorney and a half-time legal secretary at Warm Springs.

8. Meetings and training sessions were held with Montana Tribal Court Judges to assure that tribal commitments are in conformity with Montana law and consumers' individual rights.
9. Monthly meetings were held with the hospital's Superintendent and Unit Supervisors.
10. Implementation of the Mental Commitment and Treatment Act standard of the least restrictive setting was reinforced through the Ihler class action and is more uniformly followed within and among the various units at Montana State Hospital. The average bed day utilization at the hospital has also steadily decreased over the last year.
11. Implemented a patient grievance procedure at the state hospital.
12. Board of Visitors staff members received national and state recognition for the quality of their advocacy services.

Current Advocacy Issues for Montana State Hospital

1. Ongoing implementation of guardianship for those consumers who are not able to give their own informed consent on issues related to medical care, forced medications, etc.
2. Assurance that statutory requirements are met for adequate transitional services in the community upon discharge.
 - Need for appropriate services for persons with traumatic brain injuries, sex offenders, and other groups who do not suffer from a serious mental illness.
 - Active discharge planning for those consumers who no longer need institutionalization.
3. Continual monitoring of seclusion/restraint issues.
4. Empower and assist consumers in handling their own rights related issues and complaints.
5. Monitor compliance under the Ihler decision with state law and standards of professional care.

6. Combat the stigma and attitudinal and institutional bias towards persons with a mental illness.

Community Mental Health Centers (CMHC)

1. Joint site reviews with Department of Corrections and Human Services (DCHS).
 - BOV focus is on Community Support Programs (CSP) and Intensive Case Management Services.
 - Board was instrumental in improving environment needs of mental health group homes and Community Support Programs.
 - BOV assisted in refining standards of Community Mental Health Centers.
2. Ihler Oversight Reviews and expansion of CSP Programs in Region III and IV.
 - BOV staff chaired the requests for proposals for expansion of community based services.
 - BOV assisted in organizing first site review team consisting of consumers, family members, and representatives of MSH, CMHC, DCHS, and BOV.
3. BOV staff respond to requests for information, referral, and rights related issues for consumers and family members regarding CMHC services.

Current Advocacy Issues for Community Mental Health Centers

1. Statewide need for more intensive case managers. Need for more crisis stabilization programs (crisis homes and crisis response workers).
2. Consumer empowerment issues include consumer-run alternatives, including drop-in centers and consumer employment.
3. A wider range of housing alternatives for persons with a serious mental illness are needed within communities including Missoula, Kalispell, Great Falls, Billings, and Helena.
4. Monitor adequacy of transitional services provided upon discharge from Montana State Hospital.

5. Monitor community special projects in accordance with their contracts.
6. Combat the stigma and attitudinal bias towards persons with a mental illness.

Center for the Aged

1. Site review by the Board of Visitors.
 - Environmental changes were implemented as addressed by the Board of Visitors.
 - Active discharge planning is promoted and continued.
 - Benefit of ongoing contract with Billings psychiatrist.
2. Provided staff training regarding rights related issues.
3. Cooperative efforts with the long term care ombudsman on elder abuse cases and investigations.

Current Advocacy Issues for the Center for the Aged

1. Increased psychiatric coverage and general physician issues are ongoing challenges.
2. Additional staff will be needed if vacant beds are filled.
3. Assure that statutory requirements are met for discharge planning, adequate transitional services upon discharge, and provisions associated with services within the least restrictive setting.

Montana Developmental Center (MDC)

1. Site review by the Board of Visitors.
 - Urged throughout our reviews that the mission of the facility be clearly articulated.
 - Provided consultation on active treatment needs of residents.
2. Participated in the Department of Health and Environmental Sciences (DHES) surveys of MDC.

3. Legal challenges through the commitment process and the statutory requirement of the least restrictive setting resulted in renewed efforts to provide more community based services, which are more cost effective.
4. BOV participates in the Human Rights Committee and reviews all proposed behavior intervention procedures.

Current Advocacy Issues for Montana Developmental Center

1. Ongoing monitoring of requirement for services within the least restrictive setting. Additional community placements for those needing community based services.
2. Need for qualified professional staff trained to treat persons with sexual disorders who are also developmentally disabled.
3. Need for more advocacy and legal services for the consumers at Montana Developmental Center.

Eastmont Human Services Center (EHSC)

1. Site reviews by the Board of Visitors.
 - Urged throughout our reviews that the mission of the facility be clearly articulated.
 - Involved MDC staff in the BOV review in order to help facility with active treatment needs. Suggested reorganization and addition of a treatment services director.
2. Participated in the DHES review of EHSC.
3. BOV reviews all proposed behavior intervention procedures for the residents at EHSC.

Current Advocacy Issues for Eastmont Human Services Center

1. The DD Task Force needs to address the mission and goals of Eastmont Human Services Center.
2. Ongoing monitoring of requirement that residents be served in the least restrictive setting.

Board of Visitors Goals for the Biennium

1. Conduct site reviews, as funding permits, of Montana State Hospital, Montana Developmental Center, Center for the Aged, Eastmont Human Services Center, and the Rivendell facilities.
 - a. Continue site reviews which include representatives of consumer groups and family members.
 - b. Utilize appropriate professionals as consultants on site reviews in order to provide peer review, e.g. psychiatric consultation for Montana State Hospital site reviews.
2. Continue site reviews, as funding permits, of CMHCs with the Department of Corrections and Human Services.
 - a. Advocate for consumers and assist them in mental health rights related issues.
 - b. Provide legal information and/or referral as requested.
3. Provide legal services for consumers at Montana State Hospital and Montana Developmental Center.
 - a. Represent consumers at initial hearings and at commitment hearings.
 - b. Provide legal information and/or referral as requested.
 - c. Advocate for and protect rights of consumers who are institutionalized.
 - d. Conduct abuse/neglect investigations.
4. Maintain representative payee services for consumers at Montana State Hospital.
5. Continue subcontract with the Montana Advocacy Program to provide a PAIMI attorney at Montana State Hospital.
6. Continue to utilize alternatives to litigation (including conducting regular meetings and discussions with program staff and directors), mediation, education, and negotiation.

APPENDIX A

BOARD MEMBERS:

Wallace King, Chairman
Helena, Montana

Arlene Breum
Missoula, Montana

Marge Fehrer
Bozeman, Montana

LaNelle Petersen
Brady, Montana

Robert Visscher
Livingston, Montana

STAFF:

Helena Office

Kelly Moorese, Executive Director
Colleen Nichols, Paralegal Assistant (Part time)

Warm Springs Office

Allen Smith, Jr., Attorney
Lenore Manning, Legal Secretary

Mental Health Protection and Advocacy Program

Andrea Olsen, Attorney

APPENDIX B

FACILITIES REVIEWED

Mental Health Facilities

Montana State Hospital - Warm Springs and Galen campuses

Center for the Aged - Lewistown

Rivendell Treatment Centers - Billings and Butte

Regional Mental Health Centers

Region I - Miles City

Region II - Great Falls

Region III - Billings

Region IV - Helena

Region V - Missoula

Facilities for the Developmentally Disabled

Montana Developmental Center - Boulder

Eastmont Human Services Center - Glendive

Developmentally Disabled population at Warm Springs and Galen campuses, Montana State Hospital.